DEPARTMENT OF THE ARMY PERMIT
(NOTIFICATION OF **COMMENCEMENT** OF WORK)

PERMIT NO.

DATE WORK WILL COMMENCE _____

ESTIMATED CONSTRUCTION PERIOD _____
(IN WEEKS)

NAME OF CONTRACTOR _____
(PHONE)

"I hereby certify that the contractor has read and agreed to comply with the terms and conditions of the permit."

SIGNATURE _____
(PERMITTEE or AGENT)

Please return the above information prior to **COMMENCEMENT** of work using any **ONE** of the following three (3) methods:

(1) EMAIL a statement including all the above information to:

OR

(2) FAX this completed statement to: 602-640-2020

OR

(3) MAIL this completed statement to:

U.S. Army Corps of Engineers
ATTN: Regulatory Branch
3636 N. Central Avenue, Suite 900
Phoenix, Arizona 85012-1939